

Workforce Investment Act 15-Percent Special Projects Program On-Site Monitoring Guide

Prepared By
Compliance Review Division
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Workforce Investment Act 15-Percent Special Projects Program On-Site Monitoring Guide

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PROGRAM ON-SITE MONITORING GUIDE

Background and Instructions

The purpose of our Program On-Site Monitoring Review Guide is to provide the monitor with information to conduct an on-site review of the Subgrantee's program administration and operations of the 15-Percent Special Projects. As stated in the confirmation letter, the monitor will review for compliance with applicable federal and state laws, regulations, and policies related to the Workforce Investment Act (WIA). The Program On-Site Monitoring Guide should facilitate a more efficient review.

The Program On-Site Monitoring Guide consists of 3 sections. We request that the Subgrantee complete Section I and II in the guide. The monitor will complete Section III.

Subgrantee staff responsible for completing the Program On-Site Monitoring Guide may contact the monitor or his/her supervisor to clarify questions. In addition, please ensure that the individual(s) who complete the guide provide the following information at the end of each section of the guide: his/her name, telephone number, position/title, and date completed.

The Subgrantee should provide the completed sections in the Program On-Site Monitoring Guide to the monitor prior to or at the entrance conference.

Subgrantee: _____

Executive Director/Administrator: _____

Contact Person: _____ Phone _____

CRD Monitor: _____ Phone _____

CRD Supervisor: _____ Phone _____

I. PROGRAM ADMINISTRATION

A. GENERAL POLICIES AND PROCEDURES

1. The following activities are unallowable under WIA:

- political activities; [WIA 195(6)]
- paying for the cost of services or training that is otherwise available from other sources; [WIA 195(2); 20 CFR 663.320]
- charging participants a fee for placement or referral of an individual into a WIA activity; [WIA 195(5)]
- displacement of employees by any WIA participants; [WIA 181(b)(2) and (3); 20 CFR 667.270]
- the promotion or deterrence of union organizing. [WIA 181(b)(7)]

How does the Subgrantee ensure that no WIA funds are utilized for the above activities?

2. How does the Subgrantee ensure that all worksites and training facilities for WIA participants meet health and safety standards established under state and federal law? [WIA 181(b)(4) & 20 CFR 667.274]

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3. Describe the Subgrantee's procedures to ensure that an individual placed in a WIA employment activity does not oversee or report to an immediate family member in a supervisory capacity for the employing entity.

[20 CFR 667.200(g)]

B. GRIEVANCE PROCEDURES

Provide a copy of the Subgrantee's WIA grievance policies and procedures.

1. Describe how the Subgrantee ensures compliance with nondiscrimination requirements.

[WIA 188; 29 CFR Part 37; 20 CFR 667.200(f) and 667.600; & WIA Directive WIAD01-21]

2. How does the Subgrantee inform its WIA participants and regular employees of its grievance procedures? [20 CFR 667.200(f) & WIA Directive WIAD01-21]

C. MANAGEMENT INFORMATION SYSTEM (MIS) AND REPORTING

Please provide a copy of, or describe, the Subgrantee's procedures to ensure the timely and accurate completion and submission of the required WIA program performance and fund expenditure reports to the Employment Development Department?

[WIA 185; 20 CFR 667.300; WIA Directive WIAD02-1, & WIA Information Bulletin WIAB02-5]

D. OVERSIGHT/MONITORING

1. Does the Subgrantee have any Subrecipients?

☐ **Yes**

☐ **No**

If **No**, please skip to Section II.

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2. Please provide a copy of, or describe, the Subgrantee's subrecipient oversight and monitoring policies, procedures, and tools.

[WIA 183 and 184(a)(4); 20 CFR 667.400(c)(1) and 667.410(a); & WIA Directive WIAD00-7]

E. AUDIT RESOLUTION

Describe the Subgrantee's system to respond to audit findings.

Please provide a copy of, or describe, the Subgrantee's audit resolution policies and procedures. [20 CFR 667.200(b); 667.500 and WIA Directives WIAD01-3 & WIAD01-5]

<hr/> Subgrantee Staff Completing Section I	<hr/> Telephone	<hr/> Position/Title	<hr/> Date
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II. PROGRAM OPERATIONS

A. ELIGIBILITY

1. Describe the Subgrantee's system for determining and verifying general program eligibility for the WIA program (right-to-work, age, and selective service registration). [WIA 188(a)(5) and 189(h); 20 CFR 663.105; WIA Eligibility TAG Section I, page 7 (Rev. 01/02), and WIA Directive WIAD01-4]

2. Please provide a copy of, or describe, the Subgrantee's system for determining and verifying eligibility for the adult and dislocated worker program. List the documentation the Subgrantee accepts as verification for the elements of each category. [WIA 101(1), (9), (10), and (25); 20 CFR 663.600, 663.630, and 663.640; & WIA Eligibility TAG Section I, pages 17 through 20 & 24 through 30 (Rev. 01/02)]

ADULT _____

DISLOCATED WORKER _____

B. ASSESSMENT

Obtain and review copies of the Subgrantee's assessment forms and the instructions used for completion.

1. How does the Subgrantee assess the WIA participant's skills, prior work experience, and employability? [20 CFR 663.160]

2. How does the Subgrantee ensure that WIA participants are receiving appropriate WIA activities and services based on their needs and the information contained in their assessments? [20 CFR 663.240(b)]

3. Does the Subgrantee use the participant's assessment results and employment goals and objectives to develop the individual employment plans? [20 CFR 663.245 & 663.310(b)]

☐ **Yes** ☐ **No** If **No**, please provide a copy or describe what the Subgrantee uses.

C. SERVICES

1. Are any WIA-funded services contracted to another entity?

☐ **Yes** ☐ **No** If **Yes**, please identify the entity(ies) and the service(s) provided.

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2. Please check the services provided by the Subgrantee.

[WIA 134(d)(2) and (3); 20 CFR 662.240, 663.200, 663.240(b) and 663.245]

- ☐ Outreach, intake, orientation
- ☐ Job search and job placement
- ☐ Labor Market Information
- ☐ Information on supportive services
- ☐ Eligibility assistance for financial aid
- ☐ Follow-up services after placement in unsubsidized employment
- ☐ Individual Employment Plan
- ☐ Prevocational Services
- ☐ Comprehensive Assessment
- ☐ Out-of-the-area job search assistance
- ☐ Relocation assistance
- ☐ Group/individual counseling and career planning
- ☐ Case management
- ☐ Work experience
- ☐ Other _____

3. What specific documentation is maintained in the participant case files for verifying the services provided to the participant?

Please provide an example of forms, checklists, or documents used.

D. TRAINING

[WIA 134(d)(4); 20 CFR 663.300 through 663.320]

1. Are any WIA-funded training services contracted to another entity.

☐ **Yes** ☐ **No** If **Yes**, please identify the entity(ies) and the training services.

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2. Please check the types of training provided by the Subgrantee.

[WIA 134(d)(4)(D)]

- ☐ Occupational skills, including non-traditional employment
- ☐ On-the-job training (OJT)
- ☐ Private sector programs
- ☐ Skills upgrading/retraining
- ☐ Entrepreneurial
- ☐ Job readiness training
- ☐ Adult education and literacy
- ☐ Other_____

E. SUPPORTIVE SERVICES

[WIA 101(46) and 134(e)(2); 20 CFR 663.800 and 663.805(2)]

If available, provide a copy of the Subgrantee's supportive services policies and procedures.

1. Please check the supportive services paid for by the Subgrantee.

- ☐ None
- ☐ Transportation
- ☐ Child care
- ☐ Housing
- ☐ Clothing
- ☐ Tools
- ☐ Fees for identification documents
- ☐ Car repairs/insurance
- ☐ Other_____

2. If supportive services are provided, how is the need for these services determined and documented?

**Subgrantee Staff
Completing Section II**

Telephone

Position/Title

Date

WIA 15-PERCENT PROJECTS CASE FILE REVIEW WORKSHEET

Subgrantee: _____ Monitor: _____ Date: _____

I	PARTICIPANT DATA & GENERAL ELIGIBILITY [WIA 188(a)(5) and 189(h), WIA Eligibility TAG Section I and Attachment 2, WIA Directive WIAD01-4]			
	Participant Name:		Social Security Number: - -	
	Application date:		Registration/Enrollment date:	
	<input type="checkbox"/> RTW	<input type="checkbox"/> Selective Service	Age:	Documentation reviewed:
II	PROGRAM ELIGIBILITY FOR ADULT/DISLOCATED WORKER [WIA Eligibility TAG]			
	ADULT (Low Income) <input type="checkbox"/> Public Assistance Program <input type="checkbox"/> Family Income <input type="checkbox"/> Food Stamps <input type="checkbox"/> Homeless <input type="checkbox"/> Disability Documents reviewed: _____		DISLOCATED WORKER <input type="checkbox"/> Unlikely to Return <input type="checkbox"/> Plant Closure/Substantial Layoff <input type="checkbox"/> Recently Dislocated <input type="checkbox"/> Self-Employed <input type="checkbox"/> Voluntarily Terminated Employment & UI Eligible <input type="checkbox"/> Displaced Homemaker Documents reviewed: _____	
III	STAFF-ASSISTED CORE SERVICES/INITIAL ASSESSMENT [WIA 134(d)(2) & 20 CFR 662.240 and 663.160]			
	Initial assessment completion date: _____ <input type="checkbox"/> Check if no assessment <input type="checkbox"/> Vocational interests & aptitudes <input type="checkbox"/> Educational & work experience <input type="checkbox"/> Abilities <input type="checkbox"/> Reading/Math <input type="checkbox"/> Personal circumstances <input type="checkbox"/> Income needs <input type="checkbox"/> Other _____ Has the participant received any other staff-assisted core services? <input type="checkbox"/> Yes <input type="checkbox"/> No Documents reviewed: _____			
IV	INDIVIDUAL EMPLOYMENT PLAN (IEP) [20 CFR 663.245]			
	IEP completion date: _____ <input type="checkbox"/> Economic Needs <input type="checkbox"/> Vocational Interests & Aptitudes <input type="checkbox"/> Work History <input type="checkbox"/> Barriers & Skill Deficiencies <input type="checkbox"/> Achievement Objectives <input type="checkbox"/> Employment Goals <input type="checkbox"/> Supportive Services <input type="checkbox"/> Developmental Services To Reach Goal <input type="checkbox"/> Other (Specify) _____			
V	INTENSIVE SERVICES [WIA 134(d)(3) & 20 CFR 663.200 – 663.250]			
	<input type="checkbox"/> Comprehensive Assessment <input type="checkbox"/> Out-Of-The-Area Job Search <input type="checkbox"/> Relocation Assistance <input type="checkbox"/> Counseling/Career Planning <input type="checkbox"/> Pre-Vocational Services _____ <input type="checkbox"/> Work Experience <input type="checkbox"/> Other (Specify) _____ Services concur with the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____ Documents reviewed: _____			
VI	TRAINING SERVICES [WIA 134(d)(4) & 20 CFR 663.300 – 663.440]			
	<input type="checkbox"/> Occupational Skills <input type="checkbox"/> OJT <input type="checkbox"/> Private Sector Programs <input type="checkbox"/> Skills Upgrading/Retraining <input type="checkbox"/> Entrepreneurial <input type="checkbox"/> Job Readiness <input type="checkbox"/> Adult Education And Literacy <input type="checkbox"/> Other (Specify) _____ Training concur with the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____			
VII	FOLLOW-UP ACTIVITIES [20 CFR 662.240(b)(11) & 663.230]			
	<input type="checkbox"/> 30-day <input type="checkbox"/> 60-day <input type="checkbox"/> 90-day <input type="checkbox"/> 180-day follow-up after placement Date entered unsubsidized employment: _____ Exit Date: _____ Employer Name: _____ Job Title: _____ Hours per week: _____ Wages per hour: _____			
VIII	SUPPORTIVE SERVICES [20 CFR 663.800 – 663.810]			
	<input type="checkbox"/> Essential tools needed after placement <input type="checkbox"/> Clothing <input type="checkbox"/> Transportation <input type="checkbox"/> Required fees for licenses & certificates <input type="checkbox"/> Child care <input type="checkbox"/> Car Repairs/Insurance <input type="checkbox"/> Fees for identification documents <input type="checkbox"/> Other (Specify) _____ Services are necessary, reasonable, and allowable? <input type="checkbox"/> Yes <input type="checkbox"/> No Services concur with IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain _____			

WIA 15-PERCENT SPECIAL PROJECTS CASE FILE REVIEW ISSUES SUMMARY

Subgrantee: _____

CRD Monitor: _____

Date: _____

TYPES OF ISSUES: GENERAL/PROGRAM ELIGIBILITY
INTENSIVE SERVICES

ASSESSMENT
TRAINING SERVICES

CORE ACTIVITIES
FOLLOW-UP ACTIVITIES

INDIVIDUAL EMPLOYMENT PLAN
SUPPORTIVE SERVICES

#	PARTICIPANT NAME & SSN	TYPE OF ISSUE	WHAT IS THE ISSUE?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

PARTICIPANT WORK ACTIVITY WIA 15-PERCENT SPECIAL PROJECTS MONITORING REPORTS REVIEW TABLE

Date Completed: _____

CRD Monitor: _____

Employer Reviewed	Date of Review	Date Report Issued	Reviewed Amounts Claimed* (Y/N)	Reviewed Training Provided* (Y/N)	Issues Identified (Y/N)	Corrective Action Requested (Y/N)	Due Date Requested	Corrective Action Performed (Y/N)	Follow-up conducted (Y/N)
Comments:									

* Info. may be contained in either the Subgrantee's Monitoring Guide, Monitoring Reports, or other documentation

SUBRECIPIENT WIA 15-PERCENT SPECIAL PROJECTS MONITORING REPORT REVIEW TABLE

Subrecipient Name: _____

Date Completed: _____

CRD Monitor: _____

Entity Reviewed and Type of Review	Date of Review and Date Report Issued	List all the Issues Identified	CA Requested (Y/N)	Due Dates Requested (Specify)	CA Performer (Y/N)	Date Follow-up Conducted
Comments:						